



1632


PATENT
Attorney Docket No. MEE-005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Adamis et al.
SERIAL NO.: 09/478,099 GROUP NO.: 1632
FILING DATE: January 5, 2000 EXAMINER: Anne Marie Falk
TITLE: Targeted Transscleral Controlled Release Drug Delivery to the Retina
and Choroid

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 19th day of September, 2003.

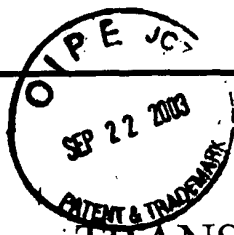

Keri A. Lennon

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

Transmittal Form (1 page); Fee Transmittal (1 page); Amendment and Response (12 pages) including Exhibits A-C; Petition for Extension of Time Under 37 CFR 1.136(a) (1 page); Information Disclosure Statement (2 pages); Form PTO-1449 (2 pages); copies of cited references A98-A99, B13-B14, and C9-C23; a check in the amount of \$235.00; and a return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	09/478,099
Filing Date	January 5, 2000
First Named Inventor	Adamis
Group Art Unit	1632
Examiner Name	Anne Marie Falk
Attorney Docket No.	MEE-005
Patent No.	Not applicable
Issue Date	Not applicable

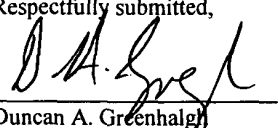
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response, including Exhibits A-C <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		


CORRESPONDENCE ADDRESS

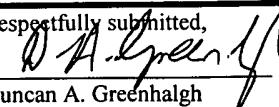
Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Duncan A. Greenhalgh
Atty/Agent for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: September 19, 2003
Reg. No. 38,678
Tel. No.: (617) 248-7317
Fax No.: (617) 248-7100

 FEE TRANSMITTAL FY 2003	Complete if Known	
	Application Serial Number	09/478,099
	Filing Date	January 5, 2000
	First Named Inventor	Adamis
	Group Art Unit	1632
	Examiner Name	Anne Marie Falk
Attorney Docket No.		MEE-005

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																								
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 45%;">Fee Description</th> <th style="width: 25%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td>55.00</td></tr> <tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>180.00</td></tr> <tr><td>750</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>750</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="3">Other fee (Specify) _____</td><td></td></tr> <tr><td colspan="3">Other fee (Specify) _____</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (3)</td> <td>(\$ 235.00)</td> </tr> </tbody> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month	55.00	410	205	Extension for reply within second month		930	465	Extension for reply within third month		1450	725	Extension for reply within fourth month		1970	985	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement	180.00	750	375	Filing a submission after final rejection (37 CFR 1.129(a))		750	375	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		110	55	Submission of Terminal Disclaimer		Other fee (Specify) _____				Other fee (Specify) _____				SUBTOTAL (3)			(\$ 235.00)
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																						
130	65	Surcharge - late filing fee or oath																																																																																							
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																							
130	130	Non-English specification																																																																																							
2,520	2,520	Request for ex parte reexamination																																																																																							
110	55	Extension for reply within first month	55.00																																																																																						
410	205	Extension for reply within second month																																																																																							
930	465	Extension for reply within third month																																																																																							
1450	725	Extension for reply within fourth month																																																																																							
1970	985	Extension for reply within fifth month																																																																																							
320	160	Notice of Appeal																																																																																							
320	160	Filing a brief in support of an appeal																																																																																							
280	140	Request for oral hearing																																																																																							
130	130	Petitions to the Commissioner																																																																																							
180	180	Submission of Information Disclosure Statement	180.00																																																																																						
750	375	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																							
750	375	For each additional invention to be examined (37 CFR 1.129(b))																																																																																							
100	100	Certificate of Correction for applicant's error																																																																																							
110	55	Submission of Terminal Disclaimer																																																																																							
Other fee (Specify) _____																																																																																									
Other fee (Specify) _____																																																																																									
SUBTOTAL (3)			(\$ 235.00)																																																																																						
FEE CALCULATION 1. FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 45%;">Fee Description</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td></td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 55%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$280.00 =</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td>0.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>0.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 0.00)</td> </tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Claims</th> <th style="width: 15%;">Highest No. Remaining After Amend.</th> <th style="width: 15%;">Present Previously Paid For</th> <th style="width: 15%;">Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 30%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>19</td> <td>- 21 =</td> <td>0</td> <td>x \$ 18.00 =</td> <td>0.00</td> </tr> <tr> <td>Indep.</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x \$ 84.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$280.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL:</td> <td>(\$ 0.00)</td> </tr> <tr> <td colspan="5" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$ 0.00)</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 0.00)</td> </tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	750	Utility filing fee		330	Design filing fee		160	Provisional filing fee		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 18.00 =		Independent Claims	- 3 =	x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	TOTAL:			0.00	SMALL ENTITY DISCOUNT:			0.00	SUBTOTAL (1)			(\$ 0.00)	Claims	Highest No. Remaining After Amend.	Present Previously Paid For	Extra	Rate	Fee Paid	Total	19	- 21 =	0	x \$ 18.00 =	0.00	Indep.	2	- 3 =	0	x \$ 84.00 =	0.00	<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$280.00 =	0.00	TOTAL:					(\$ 0.00)	SMALL ENTITY DISCOUNT:					(\$ 0.00)	SUBTOTAL (2)					(\$ 0.00)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: right;"> SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 235.00 </td> </tr> <tr> <td colspan="2" style="text-align: right;"> TOTAL (\$ 235.00) </td> </tr> </table>		SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 235.00	TOTAL (\$ 235.00)			
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																							
750	Utility filing fee																																																																																								
330	Design filing fee																																																																																								
160	Provisional filing fee																																																																																								
Number Filed	Number Extra	Rate	Amount																																																																																						
Total Claims	- 20 =	x \$ 18.00 =																																																																																							
Independent Claims	- 3 =	x \$ 84.00 =																																																																																							
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =																																																																																						
TOTAL:			0.00																																																																																						
SMALL ENTITY DISCOUNT:			0.00																																																																																						
SUBTOTAL (1)			(\$ 0.00)																																																																																						
Claims	Highest No. Remaining After Amend.	Present Previously Paid For	Extra	Rate	Fee Paid																																																																																				
Total	19	- 21 =	0	x \$ 18.00 =	0.00																																																																																				
Indep.	2	- 3 =	0	x \$ 84.00 =	0.00																																																																																				
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$280.00 =	0.00																																																																																				
TOTAL:					(\$ 0.00)																																																																																				
SMALL ENTITY DISCOUNT:					(\$ 0.00)																																																																																				
SUBTOTAL (2)					(\$ 0.00)																																																																																				
	SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 235.00																																																																																								
TOTAL (\$ 235.00)																																																																																									
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	SIGNATURE BLOCK Date: September 19, 2003 Reg. No.: 38,678 Tel. No.: (617) 248-7317 Fax No.: (617) 248-7100 Respectfully submitted,  Duncan A. Greenhalgh Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																								